STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

RECEIVED

APR 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau

II. Name of l	obbyist's partnersl	nip, firm or co	rporation, if a	ny:		
Orr & Rei	no P A					
<u> </u>	(Name of partner	ship, firm or cor	poration)			
45 S. Mai	n Street, P.O. Bo	x 3550	Concord	N	Н	03302
Business Addre			(Town/City)	(Sta		(Zip Code)
(603) <u>224</u> -	2381 ephone)	(603)	224-2318 (Fax)		groussos@oi	rr-reno.com
III. This state reportable ex	ement covers: (Cho pense transactions	ose one – file which are no	separate repor t attributable (ts for each client, O to any one client).	PR you may file	e a separate report for
All report	able transactions occ	curring in the r	nonths prior to	the reporting date rel	ative to the foll	owing client:
Cig	na					
	(Full Name	of Client as it a	ppears on the Lo	bbyist Registration For	m)	
<u>OR</u>						
	ble transactions by to ny particular client.	he lobbyist (in	cluding the lob	byist's family), or th	e lobbying firm	listed below which are
IV. Date of R	eport April 25,	2018 🗓		July 25, 201	18 🗆	
Reports cover:	activity from date		to 3/31/18	activity from 4/1/18		
		31, 2018	18	January 30, activity from 10/1/1		
	hecked, complete ju			transactions mad e Secretary of State':		
VI. Check if	additional reports a	re attached:				
	-		res, vou must fi	ile Addendum A – Fe	ees and Expens	es
	e paid an honorariu			u must file Addend u	_	
☐ If you, yo	ur firm, or your fam	ily has made p	olitical contribu	utions, you must file	Addendum C-	- Political Contributions
I have read RS	ment/Affirmation b SA 15, RSA 15-B, R to the best of my kn	SA 14-C and I	RSA 664 and ho	ereby swear or affirm	that the forego	oing information is true
///	WWII	m		04/25/1		
(Signature of	lobbyist)				(Date)	
George W	7. Roussos of lobbyist)					

L E A S E P R I N

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
(Name of partnership, firm or corporation) III. Name of Client Cigna	Date <u>04</u>	-/25/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or p	oublic relations servi
a) Total of all fees received in this reporting period	a) \$	14,900.00
 Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) 	b) \$ ear)	0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	14,900.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting the reported expenses are to be reported by a lobby the lobby that a value of less that the lobby that a lobby the lobby the lobby the lobby the lobby the lobby the lobby that lobby the lobby the lobby the lobby the lobby the lobby that lobby the lobby	elient and if ex may be filed for aggregate tot expenses; (b) the expenses; (b) the est than \$10 that d with a value rting period of the of greater than than \$25, but expense reim	penditures are made or the lobbyist(s)/fir al of all expenses pa e aggregate total of hased during a busine it is given to the pers of \$25.00 or less); a greater than \$25.00 han \$25, purchase of it not greater than \$3 bursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	100.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	100.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees dur	ing this reporting
Paid to:	Amount:	
	\$	
- Market 10 - Mark	\$	
	\$	
	\$	n de la companya de l
	\$	11717
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foreg	oing information
mu mom	04/25/18	
(Signature of lobbyist)	(Date	;)
George W. Roussos		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

me of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any ticular client): Cigna the of Report (check one): oril 25, 2018 ☑ July 25, 2018 □ October 31, 2018 □ January 30, 2019 □ ave read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and following Addendums submitted with that Statement (insert the number of Addendum forms being mitted): Addendum A(s). Addendum B(s).
te of Report (check one): oril 25, 2018 July 25, 2018 October 31, 2018 January 30, 2019 ave read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and following Addendums submitted with that Statement (insert the number of Addendum forms being mitted): Addendum A(s).
oril 25, 2018 ☑ July 25, 2018 □ October 31, 2018 □ January 30, 2019 □ ave read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and following Addendums submitted with that Statement (insert the number of Addendum forms being mitted): Addendum A(s).
ave read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and following Addendums submitted with that Statement (insert the number of Addendum forms being mitted): Addendum A(s).
following Addendums submitted with that Statement (insert the number of Addendum forms being mitted): Addendum A(s).
Addendum B(s).
Addendum C(s).
ereby swear or affirm that the foregoing information on the Statement and each Addendum is true and applete to the best of my knowledge and belief. Od/25/18 Gate
Paorga W. Poussos
George W. Roussos int Name of lobbyist)